

CITY OF ST. LOUIS
 DIVISION OF AIR POLLUTION CONTROL
 1415 NORTH 13TH STREET
 ST. LOUIS, MISSOURI 63106-4424

EMISSIONS INVENTORY QUESTIONNAIRE (EIQ)

FORM 1.0 GENERAL PLANT INFORMATION

SHADED AREAS FOR OFFICE USE ONLY									
FACILITY NAME				FIPS COUNTY NO.	PLANT NO.			YEAR OF DATA	
FACILITY STREET ADDRESS				COUNTY NAME	CLASSIFICATION PERMITS ENFORCEMENT		HAP CATEGORY		
CITY		ZIP CODE + 4		FACILITY PHONE NUMBER					
FACILITY MAILING ADDRESS				CITY		STATE	ZIP CODE + 4		
FACILITY CONTACT NAME AND TITLE			FACILITY CONTACT E-MAIL		WHERE TO SEND EIQ IN FUTURE (CHECK ONE) <input type="checkbox"/> Facility Mailing Address <input type="checkbox"/> Parent Co. Mailing Address				
PRODUCT/PRINCIPAL ACTIVITY			SIC	NAICS		NUMBER OF EMPLOYEES	LAND IN ACRES		
	LATITUDE	LONGITUDE	UTM COORDINATES						
DEGREES			ZONE		EASTING (M)		NORTHING (M)		
MINUTES			(1/4):	(1/4):	SECTION	TOWNSHIP	RANGE		
SECONDS									
PARENT COMPANY NAME				TELEPHONE NUMBER			FAX NUMBER		
MAILING ADDRESS				CITY			STATE	ZIP CODE + 4	
CONTACT PERSON				CONTACT PERSON E-MAIL			COUNTRY		
TOTAL PLANT EMISSIONS FROM FORM 3.0 (TONS PER YEAR)									
PM10	SOX	NOX	VOC	CO	LEAD	HAPS	PM2.5	NH3	

The undersigned hereby certifies that they have personally examined and are familiar with the information and statements contained herein and further certifies that they believe this information and statements to be true, accurate and complete. The undersigned certifies that knowingly making a false statement or misrepresenting the facts presented in this document is a violation of state law.

PRINT NAME OF PERSON COMPLETING FORM		TITLE	CHECK AMOUNT	
SIGNATURE		DATE	CHECK NUMBER	
PRINT NAME OF AUTHORIZED COMPANY REPRESENTATIVE		TITLE	CHECK DATE	
SIGNATURE		DATE	OFFICE USE ONLY	
			LOGGED IN BY	DATE RECEIVED